

CORPORATE PURCHASING CARD DELEGATION OF AUTHORITY

SPCC ICA (Remit) Account #: 378 _ - _ - _ - _ - _ - _ -
SPCC BCA Account #: 378 _ - _ - _ - _ - _ - _ -
GOLD Card ICA (Remit) Account #: 378 _ - _ - _ - _ - _ - _ -
GOLD Card BCA Account #: 378 _ - _ - _ - _ - _ - _ -
Agency Number: _____ Additional Remit # 378 _ - _ - _ - _ - _ - _ -

Note: A separate form must be submitted for each new or replacement Program Administrator.

I, _____, an Authorizing Officer of _____ (the Agency) hereby authorize the following employee to act on behalf of the Agency in authorizing the applications of government employees for an American Express® Corporate Purchasing Card.

AUTHORIZED PROGRAM ADMINISTRATOR

The individual listed below is hereby designated as an Authorizing Officer for this Agency only. It is understood by the Agency that this Delegation of Authority constitutes acceptance by the Agency of the terms and conditions of the Corporate Purchasing Card Account Agreement Policies and Procedures for each applicant so authorized pursuant to this Agreement.

AUTHORIZING OFFICER OF AGENCY

_____ Authorizing Officer (Please Print)	_____ Title
_____ Signature	_____ Date
	_____ Telephone

PROGRAM ADMINISTRATOR

_____ Corporate Purchasing Card Program Administrator (Please Print)	_____ E-mail Address
_____ Signature	_____ Telephone
_____ Office Mailing Address	_____ Fax
_____ City	_____ Month and Date of Birth
_____ State	_____ Secret Phrase for password (will be case sensitive)
_____ Zip Code	

Title

Please check the following where it applies.

- ☐ **Primary Program Administrator**
- ☐ **Backup Program Administrator**
- ☐ **Fiscal Staff access**

Will the individual identified above as **Program Administrator** be the permanent **Program Administrator** or filling in on a temporary basis? If temporary, please indicate amount of time?

- ☐ **Permanent**
- ☐ **Temporary- Indicate length of assignment: From _____ To _____**

Indicate the names of all other current Corporate Purchasing Card Program Administrators

1. _____
2. _____

- ☐ Please remove _____ from the Corporate Purchasing Card list for the Commonwealth of Virginia, effective _____.

Fax Page 1 and 2 only of this form to (804)225-3499 Attn: Danita Barnes, DOA

CORPORATE PURCHASING CARD

Delegation of Authority

Delegation of Authority (Part 2) (All items must be completed for enrollment)

If you have questions related to this page, please refer to your questions to Shannon Eigenberger at 1-877-266-9590 or AMEX@doa.virginia.gov

Does new **Program Administrator** need access to Amex@Work? Yes ____ No ____

Did new **Program Administrator** have prior Amex@Work access? Yes ____ No ____

If yes, please check the following categories the **Program Administrator** will need access to:

The following 4 are recommended:

- ☐ **View Hierarchy**
- ☐ **Status tracking overview**
- ☐ **Status Tracking Search**
- ☐ **E-Bill Access**
- ☐ **Enhanced Reporting**

The following are optional:

- ☐ Program Administrator needs access to all functions listed below
- ☐ Apply for cards
- ☐ Access key
- ☐ View cardmember statements
- ☐ CPC Limit/Industry restriction changes
- ☐ Cancel Cards
- ☐ Suspend Cards
- ☐ Transfer Account
- ☐ Change Address
- ☐ Accounting Information Changes
- ☐ Card Replacement
- ☐ Reinstate cancelled account

Does previous **Program Administrator** have access to Amex@work that needs to be deleted?

Yes ____ No ____

Does previous Program Administrator have access to e-bill that needs to be deleted?

Yes ____ No ____

If yes, list additional remit numbers. _____

Did previous **Program Administrator** receive reports? Yes ____ No ____

If yes; Recipient ID number if known _____ (This number will be located on their reports)

Does new **Program Administrator** need access to reports? Yes ____ No ____

The following reports are automatically added to their profile:

KP-2005 Cardmember Listing (Spreadsheet)
KP-4000 Sales Tax report
KP-4001 Minority Report
KP-4002 1099 Report

The following reports are optional and if needed, please check the frequency for these reports:

- | | | | |
|---|---------|-----------|----------|
| <input type="checkbox"/> Kp-2000 Cardmember activity report | Monthly | Quarterly | Annually |
| <input type="checkbox"/> Kp-0102 Top Industries | Monthly | Quarterly | Annually |
| <input type="checkbox"/> Kp-2001 Spending Analysis Report | Monthly | Quarterly | Annually |

DELEGATION OF AUTHORITY FORM

Instructions

The Delegation of Authority form has been revised. Please see below for any questions you may have on this form.

Page 1 Instructions:

ICA (Remit) Number: This is a required field. This is the number identified as the Control Account Number on your Agency Consolidated bill, which is located under your Agency's Load number. The Remit number is the same length as a credit card number. If more than one Remit number is affected (i.e. SPCC and Gold), please provide all Remit numbers.

BCA (Basic Control Account) Number: This is the number used to submit applications.

Additional Remits: This field is to provide room for any additional remit numbers your agency may have.

Agency Number: This is your State Agency number and it is a required field.

Authorizing Officer: This must be your Agency Head or designee. This is a required field.

Agency Name: Enter your complete agency name. This is a required field.

Authorizing Officer of Agency: The information below is required.

1. Printed Name
2. Title
3. Signature
4. Date
5. Telephone number

Program Administrator: This information pertains to the new individual you are requesting be set up as a Program Administrator, or as a backup. The information below is required.

1. Program Administrator Printed Name
2. Email Address
3. Signature
4. Telephone including area code and extensions, if applicable
5. Fax including area code
6. Office Mailing Address
7. Month and Day of Birth (please do not include year)
8. City, State and Zip Code
9. Secret Phrase *

***Secret Phrase:** This is case sensitive and must be something you can remember. This word will be used to verify your identity with American Express. This will be in addition to your password that you will set up when you register for online access.

Primary PA, Backup PA or Fiscal staff access: You must check a box to designate what role the individual will have in regards to the agency's account.

DELEGATION OF AUTHORITY

Instructions

Permanent or Temporary: This section identifies if the new person is being designated for permanent or temporary access.

If it is for a temporary assignment, please indicate the period of time that the person will be in this role. If the end date is undetermined at the time, please indicate and complete a new delegation form when that individual will no longer be in the role. This is a required field.

Names of other Program Administrators: This is an important section to assist us in ensuring the proper people have access as Program Administrators, or backups, to your Agency's information. This is a required field.

Please Remove: This is a very important section to ensure that those with current or prior access to your Agency's information are removed. Completing this section allows us to remove their name from any master lists for the Agency. If this information is not provided, access will continue for any employees not listed. This field is only required when an Agency is removing access for a person.

Page 2 Instructions:

New Program Administrator @Work Access: If the answer is "Yes", then check all boxes of the different areas within @Work to which this individual will need access. This is a required section if you checked "Yes".

Previous Access to @Work: This applies to the individual being authorized on this form. If you have had prior access to Amex@work we will be able to keep your user ID and change your current settings to match your new settings. This will ensure you have one less password and user id to remember.

Previous Administrator @Work Access: This applies to any names you listed on the first page under the "Please remove" section. Previous Program Administrator(s) will only be removed from access to @Work if the "Yes" is selected. This section is only required if you are designating an individual to have access removed.

Previous Administrator e-bill Access: This applies to any names you listed on the first page under the "Please remove" section. Previous Program Administrator(s) will only be removed from access to the Agency's e-bill through @Work if the "Yes" is selected. This section is only required if you are designating an individual to have access removed.

Additional Remit Numbers: This section only applies if this person had access to more than 1 remit number (i.e. SPCC and Gold).

New Program Administrator e-bill Access: This section is applicable for all new Program Administrators designated on the first page. We suggest that all Program Administrators have access to the Agency's Monthly Consolidated bill online as a form of backup in case the paper bill does not arrive or is late.

DELEGATION OF AUTHORITY

Instructions

Previous Program Administrator Report Access: This applies to any names you listed on the first page under the “Please remove” section. Previous Program Administrator(s) will only be removed from access to the Agency’s reports through @Work if the “Yes” is selected. This section is only required if you are designating an individual to have access removed.

New Program Administrator Report Access: This applies to the new name you designated on the first page to be setup. If you select “Yes”, please indicate all reports listed to which the new Program Administrator will need access. The first 4 reports are automatically sent, but you have options on other reports as to frequency. This section is only required if you are designating an individual to have access removed.

Recipient ID Number for Previous Program Administrator: Providing this number will ensure you are able to have the prior Administrators reporting history and profile

Miscellaneous Reports: There are many other American Express reports available to Program Administrators and Fiscal staff. Please contact the Global Information Services Help Desk (1-800-542-0995 option 1) for any questions or information on additional reports available.